

ABSTRACT

SOCIAL WORK

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UNIVERSITY, 2002

AN EVALUATION OF A MENTORING PROGRAM: THE EFFICACY OF  
REDUCING AND PREVENTING DELINQUENT BEHAVIOR AMONG MENTALLY  
ILL ADOLESCENTS

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Thesis date May 2005

The purpose of this study was to evaluate a mentoring program to determine the effectiveness of mentoring on reducing and preventing delinquent behavior in juveniles with mental health issues. The dependent variable was delinquent behavior and the independent variable was the mentoring program. The mentoring program used for this evaluation was the Yes! Atlanta Rising Star mentoring program in Atlanta, Georgia. The program involves a pairing system between positive adult role models with juvenile delinquents with efforts to reduce or prevent delinquent behavior in the juvenile. The number of offenses of those participants before intervention measured the dependent variable. The dependent variable was measured based on the severity of the delinquent acts committed before intervention compared to the severity of delinquent acts committed during as well as after intervention. All case managers were given an informed consent, which ensured the confidentiality of the identities of the person's information that was

used for this study. The results determine whether mentoring, as a form of intervention, is effective when dealing with juveniles with mental illnesses.

The sample was selected from the Yes! Rising Star mentoring program, located in Atlanta, Georgia. The sample only included those participants that were involved in the mental health system as well as the juvenile justice system. This purposive sampling technique was used due to the lack of mentoring programs that deal exclusively with juveniles with mental health issues. The sampling frame, which was intake applications of all program participants, provided information on the mental health issues of all the program participants.

AN EVALUATION STUDY OF A MENTORING PROGRAM: THE EFFICACY OF  
REDUCING AND PREVENTING DELINQUENT BEHAVIOR  
AMONG MENTALLY ILL ADOLESCENTS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SOCIAL WORK

BY

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ATLANTA, GA

MAY 2005

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## CHAPTER ONE

### INTRODUCTION

Juvenile delinquency has been an issue of concern for societies around the world for decades. Since the establishment of the United States juvenile justice system, the quest for discovering effective crime and delinquency prevention and/or reduction interventions has been challenging. This chapter explains the purpose of the evaluation, provides a history of the U.S. juvenile justice system, statement of the problem, and the significance of the evaluation, and concludes with a chapter summary.

#### Purpose

This study was designed to explore the effectiveness of mentoring on preventing and reducing delinquent behaviors among youth with mental illnesses. In contemporary society there have been an increasing number of children who engaged in delinquent behavior. Delinquent behavior among youth can be defined in many different ways, yet more commonly, it is defined as behavior that is noticed by the court system. Behavior such as truancy, drug related charges, larceny, moving violations, unruly behavior, violence, and sexual offenses are some of the behaviors that can be considered as child delinquency.

Mental illness (disorder) will be defined as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment on one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom” (Diagnostic and Statistical Manual of Mental Disorders, fourth edition, p. xxxi). Youth delinquent behavior can be defined in many different ways, behavior such as truancy, larceny, violence, and breach of peace are some the behaviors that make up the definition of child delinquency. For the purpose of this study mentoring will be defined as an organized union between a caring adult and a disadvantaged or troubled youth in efforts of providing the child with a guide displaying societal acceptable behavior, and helping with better negotiating life’s difficulties (Alessandri, Foster, Keating, and Tomishima, 2002). “The mentor helps develop the character and competence of the child or assists the child in reaching goals, while also displaying trust, confidence, and praise, modeling positive behavior and serving as an advocate for the child” (Ginsberg, 2001). The purpose of this study is to examine a program aimed at reducing or preventing delinquency in juveniles with mentoring as a method of intervention. This study will concentrate on those juveniles who have received mental health diagnoses.

### Background of the Problem

Child delinquency is a major social problem that has plagued society for a number of years, yet there is no consensus on exactly why it is happening and how to prevent it from happening. The Illinois legislature established the first juvenile court in

1899; by 1945 all states in the United States established juvenile courts (Thomas and Stubbe, 1999). According to Thomas and Stubbe (1999) prior to 1899, the American courts applied the same laws to juveniles over the age of fourteen as they did adult offenders. Juvenile offenders under the age of fourteen were seen as incapable of committing acts that would prove criminal convention necessary. As stated by Thomas and Stubbe, in 1897 those wanting to focus on behavior reform argued that all individuals convicted of a crime should receive treatment as well as discipline. This led to the creation of many programs geared to prevent and reform deviant behavior such as probation and parole. The Juvenile Justice Court failed to establish mental health facilities for adolescents entering the system. This fact may have attributed to the Census Department concluded in 1923 that mental health problems do not occur in juveniles as stated by Thomas and Stubbe (1999).

In 1974 Congress enacted the Juvenile Justice Delinquency Prevention Act to address the nations increasing juvenile crime and delinquency rates. The Act established the Office of Juvenile Justice and Delinquency Prevention, which took on the responsibility of setting policy and directing all federal Juvenile delinquency related projects (Title 42, Chapter 72, Subchapter 1, Sec. 5602). Under the Juvenile Justice and Delinquency Prevention Act, the Office of Juvenile Justice and Delinquency Prevention has the duty of implementing and approving delinquency prevention programs based on their requirements. Now that it is very apparent that juveniles do have mental health problems as well as delinquent behaviors, many programs have been developed to reduce and prevent delinquent behavior. Whether or not these

programs cater to the needs of those juveniles with mental illnesses still remain an issue.

Research states that there are limited mental health services available to incarcerated youth despite the prevalence of mentally ill youth in juvenile facilities can be attributed to Title XIX of the Social Security Act of 1939. Resources are not available for states to sufficiently expand mental health because Title XIX Medicaid funds can not be used for institutionalized youths (Social Security Act, Title XIX). “According to many, the juvenile justice system has become a ‘dumping ground’ for emotional disturbances juveniles with nowhere else to go” (Arrendondo, p.25). This could also be attributed to the juvenile justice courts failure to recognize the child’s need for mental health services as well as the restrictions in Title XIX of the Social Security Act. Based on a recent survey, 77% of juvenile and family courts believe that they could reduce detention rates for offenders with better treatment options.

#### Statement of Problem

Most experts agree that finding the key factors related to child delinquency is the first step in creating prevention and treatment programs, yet there is often much disagreement over what would be the most effective method of intervention that should be used in these programs. Some of the most common key factors experts find closely associated with juvenile delinquency are poverty, a constant change in living arrangements, and poor mental health (Costello, Keeler, and Angold, 2001). Mental illness has been recognized as one of the most common factors associated with juvenile delinquent behaviors. Though mental illness has been confirmed as the top factor

associated with youth delinquency, very few studies have been conducted on the criminal justice systems involvement among youth who use mental health services (Stoep and Evens, 1997).

### Significance of the Study

Many studies have been conducted exploring the different variables that have been associated with contributing to juvenile delinquency. The findings of the literature reviewed show the abundance of deviant juveniles with mental illnesses. Researchers have failed to conduct studies involving this issue. The literature acknowledges a huge gap in research studies on juvenile delinquency and its strong connection to mental health issues.

This study will examine whether or not juvenile justice mentoring programs as a form of intervention is effective in preventing or reducing deviant behavior in mentally ill adolescence.

### Summary

The United States has established the Juvenile Justice System and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in efforts of reducing the high rates of juvenile delinquency in America. Programs operating under the OJJDP strive to prevent and/or reduce deviant behavior among youth. Many evaluations have been conducted to determine the effectiveness of these programs and most evaluations display positive results though juvenile delinquency still remains an issue in today's

societies around the world. Evaluating one of these programs is essential when determining how effective the program is in preventing and/or juvenile delinquency.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

This chapter will review literature for the evaluation. The research highlights studies conducted in efforts of exploring predictors of juvenile crime and delinquency, the co-occurrence of mental health issues and juvenile delinquency, the intersection of the mental health and the juvenile justice system, and the effectiveness of interventions on reducing and/or preventing delinquency. Limitations of the literature are discussed which sets the foundation for the evaluation. This chapter also addresses the proposed evaluation, hypothesis, conceptual framework and logic model.

#### Predictors of Delinquency

A significant amount of research has dedicated to exploration of factors that may cause or lead to delinquency in efforts of preventing delinquent behavior. Preski and Shelton (2001) examined the role of child and parent factors in predicting criminal behaviors among youth who had experience maltreatment such as abuse and neglect. Preski and Shelton contend that chronic delinquent offenders have multiple risk factors in their backgrounds which include deficits in family, school, peers and neighborhood. Preski and Shelton (2001) found that exposure to community violence was the strongest measure of influence on juvenile delinquency. Delinquent youth who had committed



serious crimes were four times more likely to have had exposure violence in their community or had a mother with a mental illness (Preski and Shelton, 2001). Sibling's criminal history and sibling's substance use also seemed to have a great influence on youth committing serious crimes.

In a similar study Ellickson and McGuigan (2000) examined the early predictors of adolescent violence in a five-year longitudinal study in California and Oregon. Based on their research, Ellickson and McGuigan (2000) found the greatest early predictors of violence to be poor grades and weak bonds. It was also found that girls who had low self-esteem during early adolescence were more likely to hit others by teenage years. On the other hand, adolescent boys who had attended multiple schools were more likely to be involved in violent behavior.

Chung, Hill, Hawkins, Gilchrist, and Nagin (2002) also conducted a study of youth examining development of delinquency associated with age and predictors of delinquency. Based on their findings, researchers Chung, Hill, Hawkins, Gilchrist, and Nagin (2002) found there to be five trajectory groups of delinquent juveniles: (1) nonoffenders, (2) late onsetters, (3) desisters, (4) escalators, and (5) chronics. The nonoffenders group (24 %) consisted of participants who had never displayed offending behavior. The late onsetters group (14.4%) consisted of participants who had displayed no offensive behavior at age 13, but slowly began to show offensive behaviors of low seriousness. The desisters group (35.5%) was made up of participants who displayed low seriousness of offending at age 13, but by the time they were 21 their offending desisted. The escalators group (19.3%) included participants who started off displaying

offenses of low seriousness at age 13 but by time they had reached age 21 they had advanced to displaying offenses of greater seriousness. The chronic group (7%) consisted of participants who displayed offensive behaviors of high serious levels throughout adolescents, but by age 21 the participants in this group lowered the seriousness of their offending to a moderate level. Chung et. al (2000) found that participants who were aggressive and lived in neighborhoods where drugs were easily attainable were more likely to be chronic offenders than escalator offenders. It was also found that aggressiveness, antisocial peers, and drug availability measured at ages 10 to 12 were significant predictors of initial level offending at age 13 in all groups. The authors also found among initial nonoffenders at age 13, late onsetters were distinguished from nonoffenders by individual factors.

Hoge, Andrew, and Leschied (1994), conducted a study to test three hypotheses regarding the predictors of delinquency. Hoge, et. al (1994), contend that most studies designed to determine the main predictors of delinquency and criminal activity in children and adolescents found family, peer, and attitudinal variables to be the variables most associated with delinquency and criminal activity among children and adolescents. These three variables were used to explore their links to criminal activity in young people based on seriousness of the criminal activity and re-offending. According to their research, family relationship, family structure, delinquent peer association, and antisocial attitudes were all correlated significantly in the cases of the boys. On the other hand, the family relationship and the negative peer association variables were associated with delinquency in the cases of the girls in this study.

On the other hand Windle and Mason (2004) examined predictors of behavior and emotional problems among high school adolescents. Windle and Mason (2004) found the strongest associations to be between polydrug use and delinquency, polydrug use and academic orientation, and delinquency and academic orientation. Specific predictors to the four categories included stressful life events and family social support. It was found that high anxiety levels predicted delinquency, and behavioral inflexibility predicted negativity (emotional well being). It was also found that peer drug use predicted polydrug use.

#### The Co-occurrence of Mental Health Issues and Delinquency

Researchers Overbeek, Vollbergh, Meeus, Engles, and Luijckx (2001) conducted a longitudinal study exploring the course and development of emotional disturbance and delinquency. According to the study, girls seemed to have a stronger co-occurrence of emotional disturbance and delinquency than boys. Younger adolescents seemed to have a stronger co-occurrence of emotional disturbance and delinquency as compared to older adolescents and young adults. This study also showed that in adolescence, the mean level of emotional disturbance increases, and then stabilizes through young adulthood. With this information Overbeek et. al conclude their study by suggesting social workers and program planners identify psychosocial problems and emotional disturbances during the early stages of a child's life in efforts of preventing delinquency. The emotional well-being of an individual should be attended to in the very early stages.

Oss and De Montfort (2003) published a conceptual article examining the intersection of the behavioral and the corrections systems. Oss and De Montfort (2003) provide national statistical information illuminated the prevalence of mentally ill individuals in the United States adult correctional facilities. Oss and De Montfort contend that in the United States, the broad intersection that exists between the behavioral health system and the corrections system makes it difficult to know exactly where one system ends and the other begins. According to statistics gathered by Oss and De Montfort (2003), an estimated 16% of the inmate population has been identified as having a mental illness. Statistical data gathered by Oss and De Montfort (2003) also states that one in every eight prisoners currently receive some type of mental health therapy or counseling, however, only 2% are housed in a 24-hour mental health unit. It is also said that there are nearly 2 million new jail admissions each year of people with mental illnesses. According to statistics, 79% of those considered to be mental ill receive mental health therapy or counseling services. This leaves 21% of those inmates considered to be mentally ill to go without treatment. This same problem exists in the juvenile justice system. "The Coalition of Juvenile Justice in its annual report said at least half of all jailed juveniles suffer from mental illness but few programs exist to help them" (Crime Control Digest, 2000).

#### Mentally Ill Youth in Association to the Criminal Justice System

Researchers such as Evens, Stoep, and Taub (1997) have found an elevated prevalence of mental illness among individuals who have criminal justice involvement. Adolescents with mental health issues have been found to be at high-risk for being

involved in deviant acts. At-risk/high risk describes “a youth who is exposed to high levels of risk in his or her family, home, community, and social environment to a degree that may lead to educational failure, dropping out of school, or involvement in juvenile delinquency, including gang-related delinquent activity (Office of Juvenile Justice and Delinquency Prevention, 1994). Though mental illness has been found by many researchers to be the most common factor associated to juvenile delinquency, few studies have been conducted to examine the relationship between the mental health system and juvenile justice system. The problem with examining the interrelationship on the mental health and the juvenile justice system is that each system operates under different rules and goals. This makes it difficult in determining the most effective techniques in handling the juvenile delinquency of mentally ill youth. The juvenile justice systems goal is to mandate punishment as a way of preventing future delinquent behavior in a child. The mental health systems goal is to provide psychological treatment as a way to reform delinquent behavior in a child.

Herz (2001) conducted a study examining how often mental health placements were used by the juvenile justice system. Analyses performed revealed that 51% of the referral cases resulted in dismissal, 34% resulted in probation, 14% resulted in an “other” placement, and only 1% of those cases studied resulted in mental health placements. Of those mental health placements White females were 8% more likely to receive a mental health placement over any other race and gender group. Cases processed in the metropolitan areas were less likely to receive mental health a placement. Younger juveniles were more likely to receive a mental health placement

that older juveniles. Black offenders were 5% less likely to receive a mental health placement than white offenders. According to this study, Black men were less likely to receive a mental health placement in the juvenile justice system than any other race or gender.

Researchers Thomas and Stubbe, (1999) conducted a study for the purpose of illuminating the intersection of the juvenile justice and the mental health system. Through their research, Thomas and Stubbe, (1999) found that of those sampled from both the correctional school and the psychiatric hospital the clinically-referred hospital patients were the youngest (averaging at age 13.27), the court-referred hospital patients average at age 14.13, and the correctional school residents were the oldest of those sampled averaging at age 14.66. Both populations sampled were predominately male. Both samples from the hospital were made up of relatively equal numbers of white and non-white patients. On the other hand, the correctional school population was 82% non-white. A larger percentage of hospitalized youth than incarcerated youth had been charged with sexual assault. Of those sampled from the correctional school, a greater percentage of the youth were charged with illegal drug usage, over youth in the hospital sample. A greater percentage of hospitalized subjects had been charged with violent assault over incarcerated subjects. Thomas and Stubbe, (1999) study revealed factors such as race, whether the youth was accused of a sexual crime, age, and severity of offense, were the best predictors of referral for a mental health evaluation. When analyzing the patient functioning in the hospital, the court-referred subjects were better behaved during their first thirty days than the clinically-referred subjects. The

researchers found the court-referred hospital patients to be more likely diagnosed with externalizing disorders, and clinically-referred patients were more likely to be diagnosed with psychotic disorders.

In a similar study, researcher Rogers, Zima, Powell, and Pumariega (2002) conducted a study examining the mental health referral rate among youth in a correctional facility in Southern California. The juvenile correctional facility used as the population for this study reported to having on average, 3,200 youth admitted annually. The mental health treatment center located on-site only served approximately 500 youth annually. Rogers et. al (2002) found that only a small percentage (6%) of youth detained in the studied correctional facility had received mental health services despite the large number of youth who displayed mental health issues. It was also found that youth were more likely to receive a referral to mental health services if they were female, African American or Caucasian. Latino youth of either gender showed to be less likely to receive mental health services. The researchers attribute this fact to the possible communication gap and culture differences that are between the Latino youth and the American authorities in the correctional facility. The most common diagnoses were disruptive behavior, attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, adjustment disorder, substance use disorders, and affective disorders. It was also found that if a violent offender was associated with receiving a mental health referral, while repeat offenders were more likely to not receive a mental health referral regardless of their mental health diagnoses.

Researcher David E. Arrendondo (2003) wrote, “Child Development, Children’s Mental Health and the Juvenile Justice System: Principles for Effective Decision-Making” exploring the association between the juvenile justice system and the mental health system. Through extensive research of Arrendondo discovered legally judges and attorneys can serve in a juvenile justice court without having any training in principles of childhood development, be it normal or abnormal childhood development. This fact makes it very easy and quite conceivable for incompetent or developmentally inappropriate sanctions by the juvenile justice court system. According to Arrendondo during the childhood stage children go through rapid neurobiological, psychological, social, and moral developments, if a child is subject to developmentally inappropriate sanctions by the juvenile justice court system it could present the child with negative influences that could effect their emotional, mental, and behavioral outcomes in their future lives.

“Because younger children experience time as moving slowly, frequent reviews of behavior are highly desirably and more necessary than with older adolescents” (Arrendondo, p. 19). This would mean that the juvenile justice system would be subject to conduct more reviews and commit more time to each case. As stated by Arrendondo (2003), if a sanction is to be effective, the child shouldn’t feel as if the duration of the consequence to their behavior is unfair and not a reasonable duration of time to be penalized for their specific behavior. Through the research of Arrendondo (2003) it was proven that when a child is place in a detention home for a long period of time the child becomes desensitized to the authorities and the institutional setting.



Arrendondo (2003) argues that community-based sanctions are better than institutional alternatives such as community service on week-ends and after-school on the week-days. Understanding the individual child would mean that the juvenile justice system would need to take their stage of development and their mental health status into account.

### Mentally Ill Juvenile Delinquents Compared to Other Juvenile Delinquents

Researchers Rosenblatt, Rosenblatt, and Briggs (2000) examined the differences between juvenile delinquents who use mental health services and juvenile delinquents who do not in a comparative study in Sonoma County, CA. Juvenile delinquents who were mental health service users had a higher amount of arrest than those who were non-users of mental health services. A majority of arrests in both groups were misdemeanors. Those juveniles in use of mental health services were arrested for more “other misdemeanors” such as petty theft, flight/escape, trespassing, traffic violations, and disturbance of the peace (Rosenblatt, Rosenblatt, and Briggs, 2000). The average age at arrest for mental health service users and non-users were similar at the age of 15. Those mental health users with and without recent arrest records were Euro-American males.

In a similar study, Evens, Stoep and Taub (1997) examined the risk of police referral among youth who are users of public mental health services compared to youth in the general population of King County, Washington. Children who were admitted to community-based public health system programs were nearly three times more likely to be referred to the juvenile justice system as children of similar gender, age, and ethnic subgroups in the general population (Evens, Stoep, and Taub, 1997). It was also found

that youth with mental health system associations receive harsher sanctions. The study also revealed that white males were the most dual-system users, while African American youth had high rates of criminal referrals, regardless of the mental health involvement (Evens, Stoep, and Taub, 1997).

When youth experience emotional and painful events in life everyone has their own individual coping skills. Some youth have healthy outlets to express their private feelings concerning emotional and painful events, and others express their feelings concerning emotional and painful events through negative outlets. Researchers Offer, Howard, Schonert, and Ostrov (1991) conducted a study to examine the difference between disturbed and nondisturbed adolescents and the formal and informal helping agents they seek out for help during emotional and painful experiences in their lives. Of those sampled, 22.3% were defined as being emotionally disturbed. A small percentage of African Americans were classified as being emotionally disturbed compared to their Caucasian counterparts. It was found that the majority of the participants identified as being emotional disturbed did not utilize the mental health services available to them in their communities. Only 20% of those emotional disturbed adolescent received mental health treatment with a professional. Mental health professionals treated one-third of the emotional disturbed participants with a greater percentage being treated in the suburban areas. When the participants were asked if they knew where they could go to for mental health help, almost all of them knew where they could go but few would utilize the services. When the participants were asked who they would turn to for help and/or advice for emotional problems,

nondisturbed adolescents identified their teachers or parents to be the ones they would seek for help, and disturbed adolescent identified their friends as the ones they would seek for help. Offer et. al contend that this piece of information could suggest that emotionally disturbed adolescents tend to feel more comfortable seeking and accepting help and/or advice from individuals whom they have something in common with.

### Mentoring as an Effective Form of Intervention in Juvenile Delinquency

#### Prevention and/or Reduction

Studies have shown mental illness to be an associated factor in juvenile delinquency. Studies have also shown that there is no single risk factor responsible for serious delinquency and youth violence (Preski and Shelton, 2001). This fact makes it very difficult for social workers and program planners to design intervention methods that would be effective in preventing and/or reducing delinquent behavior in all juveniles. For many years program implementers and program designers in the juvenile justice delinquency prevention departments have made claims that mentoring was the most effective intervention in preventing delinquent behaviors in juvenile, though very little research and evaluations have proven its effectiveness.

Alessandri, Foster, Keating, and Tomishima (2002) examined the effects of a mentoring program on at-risk youth in efforts of exploring the most effective form of interventions for reducing and/or preventing delinquency in juveniles. “The term ‘at-risk’ is generally used to describe youth who come from single-parent home, who show signs of emotional or behavioral problems, and who lack the support to navigate developmental task successfully” (Alessandri, Foster, Keating, and Tomishima, p. 1).

The intervention group showed significant changes from the time of preintervention to postintervention, whereas the nonintervention group showed none. Mother's and teachers reported that within a six-month period in the mentoring program their children had moved from a clinical range of internalizing (depression, feelings of hopelessness, etc.) and externalizing (deviance and violent) behaviors moved to a lower level closer to a non-clinical range. Based on their findings, apparent effectiveness of the mentoring program suggest that exposure to the positive influence of an adult mentor helps youth to make better decisions to reduce deviant behavior.

In an attempt to determine the if there is an association between having an adult mentor and high-risk behaviors in adolescents, researchers Beir, Rosenfeld, Spitalny, Zansky, and Bontempo (2000) conducted a study at an adolescent health service in suburban community-based teaching hospital. Beir et. al (2000) found that when participants were asked to report whether or not they had an adult in their lives they could trust and turn to for advice and help, 68% said yes, 23% said no, and 9% failed to respond to the question. Of those who reported to having an adult mentor in their lives, 51% of them named their mother as their mentor, only 5% named their father as their mentor. According to statistical information, participants who reported to having an adult mentor were less to ever carry a weapon, use drugs within the past thirty days, smoke five or more cigarettes daily, and have more the one sexual partner within the past six months. Those participants who had their parents as their mentors were less likely to participate in the risk behaviors measured for this study. This might be true for the fact these relationships were longer had more mentor-to-mentee interactions.

In spite of others research on the effectiveness of mentoring Novotney, L.C., Mertinko, E., Lange, J., & Baker, T., (2000) contend that mentoring has been used as a form of intervention for many years although significant proof of its effectiveness in preventing/reducing delinquent behavior, increasing self-esteem, and increasing competence levels in mentees have not been found. This fact may be attributed to the findings of Durlak and Wells (1997). Durlak and Wells (1997) conducted a study which revealed that most preventive interventions produce positive outcomes. This conclusion can not be firm due the fact the only 25% of the programs reviewed for the study collected follow-up information. Those programs that collected follow-up data as a part of their program rarely had a follow-up period longer than a year. It would be very difficult for any intervention program to determine the effectiveness of their program if the program did not include a long-term follow-up. Durlak and Wells (1997) also concluded that most types of primary prevention programs (environmental-centered, transition, and person-centered) achieved significant positive outcomes both reducing problem behavior and increasing competencies.

#### Limitations of the Literature

Through the examination of other studies with relations to juvenile delinquency and mental illness, a number of gaps have been found in the research. Previous studies examined the elements of the mental health and juvenile justice systems as separate systems. There has been only one study that has explored both the mental health system and the juvenile justice system as interrelated systems. Researchers have also failed to examine the effectiveness of delinquent prevention programs working with

juveniles who have a mental illness. The literature neglects to explore whether prevention programs serving juveniles who use mental health services use the same type of interventions found to be effective for preventing and reducing delinquent behavior in other juveniles. The lack of empirical evidence on forms of intervention used in mental health delinquency prevention and reduction programs and their effectiveness has prompted this study.

### Proposed Evaluation

The proposed study seeks to explore the effectiveness of mentoring on reducing and/or preventing deviant behavior in juveniles who are involved in the mental health system. For this study, the researcher will observe a mentoring program with efforts of examining the effectiveness of this form of intervention being used to reduce and/or prevent deviant behavior in mentally ill juveniles. For the purpose of this study, mentoring will be defined as an organized union between an adult and a child in efforts of providing the child with a guide displaying societal acceptable behavior. The effectiveness of the mentoring program in reducing delinquent behavior, the independent variable, will be measured based on the number of offenses committed before intervention compared to the number of offenses committed after intervention. The independent will also be measured by the severity of the offenses before intervention compared to the severity of the offenses after intervention. For the purpose of this study less severe offenses will include: truancy, larceny, unruly behavior, and moving violations. More severe offenses will include: violence, drug related charges, and sexual offenses.

For the purpose of this study the researcher will only count the offenses recognized by the juvenile justice court system. In other words, those delinquent behaviors that the child does not get referred to the juvenile justice court system will not be included as data for this study. The dependent variable will be delinquent behavior among youth with mental health issues and the independent variable will be the mentoring program.

### Hypothesis

The hypothesis for this study is:

HA: Mentoring reduces delinquent behavior among juveniles with mental illnesses.

HO: Mentoring does not reduce delinquent behavior among juveniles with mental illnesses.

### Conceptual Framework

The Behaviorism and Learning theory states that human behavior can be determined by the external situations surrounding the individual. A person's behavior is based on the environment. This theory explains human behavior as learned behavior. John Watson established behaviorism and learning theory in 1913. Many behaviorists have come along from different disciplines adding something new to behavior-learning theory. Albert Bandura became a behaviorist in 1955. With an educational background in psychology Bandura developed the social learning theory, a form of behavior-learning theory, which placed an emphasis on the importance of observing and

modeling the behaviors, attitudes, and emotional reactions of others. This newly developed theory was called the Social Learning theory. Under Bandura's social-learning theory, a person's environment causes their behavior. Bandura developed a Model of Observational Learning illustrating the learning behavior process. The process involves four steps:

1. **Attention.** Attention is primitive in learning. If a person is not paying attention it decreases the ability to learn. And if the person being observed seems more like an observer, the observer pays more attention.
2. **Retention.** One must be able to remember what he/she has paid attention to. Storing the information gained from paying attention is very important in behavior learning.
3. **Reproduction.** This is where a person thinks about the behavior they have been observing and imitates the behavior. The ability to imitate observed behaviors improves with practice.
- 4) **Motivation.** Repeating observed behavior cannot be achieved without the motivation to do so. A positive reinforcement as well as a punishment is the final determinant of imitating behavior observed. (Norlin, Chess, Dale, and Smith, 2003)

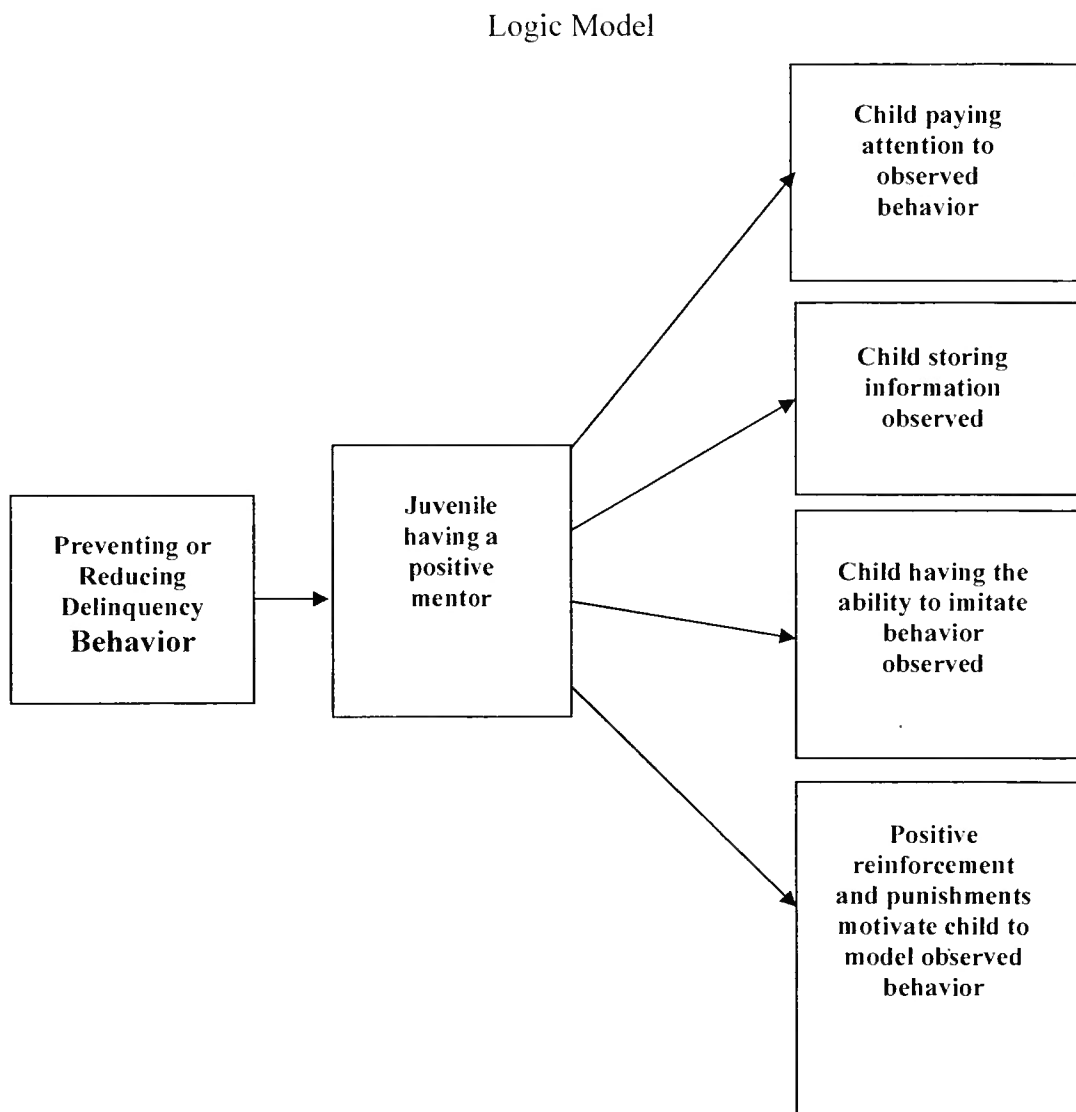
In relation to this study, Bandura's Social Learning Theory explains the effectiveness of mentoring based on learned behavior. According to Bandura's Social Learning Theory, children with delinquent behaviors will refrain from delinquent behaviors when observing behavior that is not delinquent. With the mentoring



program, children have the chance to observe someone with model behavior the possibilities of their behavior changing is great. Bandura's Social Learning Theory say that in order for a child to model ideal behaviors of the mentor, the child needs to go through four processes: (1) paying attention to the behavior observed, (2) storing information gathered from paying attention to ideal behavior, (3) have the ability to imitate behavior observed, and (4) A positive reinforcement as well as a punishment to motivate repeating ideal behavior (Norlin, Chess, Dale, and Smith, 2003). All of these work together to determine whether the child will imitate the behavior the have observed.

If the child doesn't pay attention to the behavior that he or she is observing, he or she will not be able to imitate the ideal behavior that is being modeled before them. The child is more apt to pay attention to a person's behavior if they have something in common with them. Once the child has taken interest in paying attention to the ideal behavior modeled by their mentor, the child must be able to store information on the behavior they have observed. Once the child has stored information on the observed behavior, the child must have the ability to model or imitate the behavior observed from their mentor. In the final step in modeling the ideal behaviors of a mentor, the child has to be motivated through knowledge of positive reinforcements and punishments associated with their behavior before they would want to imitate the behavior they have observed through a mentor. To measure if the youth follows all the steps mentioned in Bandura's observational model, the researcher will look at the child's ability to imitate the observed behavior. If the child models the behavior of their mentor it will be

assumed that the child was successful in following all of the four steps mentioned in Bandura's observational model. If the child does not model the behavior of the mentor it will be assumed that the child was unsuccessful in following all the steps mentioned in Bandura's observational model.



*Figure 1.* Mentoring as an effective form of reducing and/or preventing juvenile delinquency.

### Summary

Program evaluators use research literature to provide the basis of evaluations to strengthen and improve programs, agencies, and social services. The next chapter will outline the methodology of the evaluation, which includes the setting, sample, measures, design and procedures.

## CHAPTER THREE

### METHODOLOGY

This chapter reviewed the procedures utilized to conduct this evaluation. The setting, sample, measures, design, statistical analysis, and procedures of the evaluation are discussed in the following chapter. The chapter concludes with a summary.

#### Setting

The setting for this evaluation was at the Yes! Atlanta Rising Star program, an intensive non-therapeutic mentoring program in Atlanta, Georgia. The chosen program serves children from various economic backgrounds, ethnic/cultural backgrounds, and educational backgrounds. The estimated ages of the youth participating in this program are between the ages of 14 and 17. The youth participants are referred to the program through the Fulton County Juvenile Court system in Atlanta, Georgia, CEP (an alternative school for youth with truancy issues, behavior problems, and poor grade received in regular school), habitat community (three transitional housing projects), and some are enrolled the open enrollment (not referred by juvenile court, CEP, habitat community but referred by other sources such as a parent or the Department of Families and Children Services), or Inner Harbor ( a residential mental health therapeutic facility). All youth participants were involved with the juvenile justice system. The site for this study was chosen based on the program having a follow-up portion to their case

management. The setting for this study will target juveniles who participated in the session which began December of 2002 and ending in December of 2003. The setting for data collection took place during a volunteer (mentor) training in the presence of the program staff members. None of the data collection was gathered in the presence of the program participants.

### Sample

The sample will only include those participants that are involved in the mental health system as well as the juvenile justice system. This purposive sampling technique will be used due to the lack of mentoring programs in the Atlanta area that deal exclusively with juveniles with mental health issues. This evaluations sample included 17 of the 20 youth were referred by the Inner Harbor, a residential therapeutic agency that had participated in the mentoring program beginning in December of 2002 and ending in December of 2003. Participants who had mental health issues and not referred by Inner Harbor were typically not chosen to participate in the program. The program involves intensive treatment to alter the thoughts of delinquency in the youth participants. The administrators intentionally felt that youth participants who had a mental condition that was modified by medication could not mental engage in the treatment. Only recently has the program accepted youth participants with mental health issues from Inner Harbor. Only 1 youth participant with a metal health issue had not been referred by Inner Harbor and chosen to participate in the program. The sampling frame was the applications of 17 of the 20 participants referred through Inner Harbor during the session which began in December of 2002 and ending in December

of 2003 provided information on the mental health issues of all the program participants.

### Measures

Data for this study was collected by examining the applications of the program participants with mental health issues. In examining these files, this researcher used a constructed list of questions to determine whether the goals of the program are sufficiently being met. These questions gathered demographic information, types severity of crimes committed before and after intervention, and the number of offenses committed before and after intervention. The measure instrument was applied to each application of those who have mental health issues and have completed the entire program intervention from December 1, 2002 to December 2003. When collecting the data this researcher discovered critical pieces of information that would aid in evaluating the effectiveness of the program, which prompted additional question to be added to the measuring instrument. The effectiveness of the program was measured based on the severity of offenses pre and post intervention, the rate of delinquent offenses pre and post intervention, and improvements in academics. For the purpose of this study less severe delinquent offenses will include: truancy, larceny, school drop out, and unruly behavior. More severe delinquent offenses will include: violence, moving violations, weapon possession, drug related charges, and sexual offenses.

In order to measure the effectiveness of the program, this researcher gathered data on the number of repeat offenses of the selected participants before intervention, during intervention, as well as after intervention. If an adolescent has a decreased

number of offenses or severity of offenses at the end of the intervention compared to before intervention, the program will be considered successful in preventing and/or reducing delinquent behavior in that adolescent. For the purpose of this study the researcher will only count the offenses recognized by the juvenile justice system. The researcher also measured the effectiveness of the program by the severity of the delinquent behaviors of the selected program participants before as well as after the completion of the intervention.

To ensure the reliability of the instrument of measure, the researcher asked the program executive director to review the questions contained in the instrument and to give insight on what questions should be asked of the program to determine its effectiveness. To ensure the reliability of the instrument used to evaluate the effectiveness of the program this researcher examined the mission and goal statement of the program. In doing this, this research will be sure that the measure instrument includes questions which will explore whether or not the program is reaching their goals based on their mission and goal statement. Changes were made to the instrument to reflect the goal and mission of the program. The reliability of the measure may be affected by the possible undocumented delinquent acts that have been committed by the program participants, before and after intervention, because they were not caught. For the purpose of this study the researcher will only count the offenses recognize by the juvenile justice court system. In other words, those delinquent behaviors that the child does not get referred to the juvenile justice court will not be included as data for this study.

There are three issues that threaten the external validity of my study. The results of this study cannot be generalized to the larger population based on the demographics, living arrangements, and social-economic backgrounds of the program participants and program staff members. These elements may have an effect on the results if the study was conducted using another mentoring program with staff members and program participants with different demographics, living arrangements, and social-economic backgrounds.

The external validity of this study is also threatened by the geographical location of the program, and the residential areas to which the program participants and staff members live. It cannot be generalized that programs in a different geographical location with different staff members and program participants who reside in different neighborhoods than those in this study will produce the same findings as this study. For example, a mentoring program in an urban area may be subject to negative influences such as poverty and an abundance of street violence, which surround the program and the program participants. A mentoring program in a rural area may not have to deal with the same type of negative influence in the area surrounding the program or the program participants. For the purpose of this evaluation the external validity threats cannot be controlled based on the geographical location, and the uniqueness of the staff members of the program chosen. The researcher cannot assume that the mentoring program used in this evaluation involves all of the characteristics of all mentoring programs such as techniques and activities used as part of the mentoring intervention.



### Design

This exploratory study will be conducted using utilization-focused evaluation. The utilization-focused evaluation primary purpose is to help stakeholders make judgments or improvements to their programs (Ginsberg, 2001). This evaluation seeks to examine the programs' ability to meet its goal of reducing and/or preventing delinquent behavior in juveniles with mental illnesses and to provide enlightenment to program directors on how to improve on their programs. This explorative study is a quasi-experimental design in the form of a one-group pretest-posttest design. The design notation for this study evaluation is:  $O_1 \times O_2$ .  $O_1$  represents the observation of delinquent acts or behavior before program intervention (X).  $O_2$  represents the observation of delinquent acts or behavior after program intervention. A number of factors may threaten the internal validity of this evaluation study.

History threatens the internal validity of this study, which involves specific events that may occur between the first and second observation that would have an outside effect on the program outcomes. For example, a change in discipline tactics by the juvenile's parent or guardian may have a strong influence on the juvenile's behavior aside from their participation in the program. The maturation of the program participant may also threaten the internal validity of this evaluation. Maturation refers to the changes in the program participants, such as physical, mental, and status changes. These changes which may take place over time may affect the juveniles increased or decreased delinquent behavior. The juvenile might outgrow their delinquent behavior during the course of the intervention, which would have nothing to do with the

effectiveness of the program to prevent or reduce their behavior. The juveniles might have received a change in medication that may have influenced the increase or decrease of their delinquent behavior. This factor would have nothing to do with the program's influence on the child's behavior. The possibility of program participants not completing the entire intervention may also threaten the internal validity of this study.

This study has no control group to compare the results. This may also be a minor internal validity threat to determine the reduction of delinquency as a result of the program intervention. A control group might eliminate the history internal threats that involve outside events that may occur between the first and second observation. A control group might also eliminate the threat of maturation in juvenile delinquents over the course of the year that the evaluation of those in the program took place. For the purpose of this study, which is to evaluate the effectiveness of the program on reducing and/or preventing delinquent behaviors in its participants with mental illnesses, a control group of juveniles with mental illnesses not receiving the intervention will not be used.

Data for this program evaluation was gathered from applications completed by the youth participant and possibly the youth's parent(s) or guardian. This is also a threat to the internal validity of this study. If participants may have given false information on their application for any reason, it would alter the results of the evaluation.

### Procedures

For this study data collection began in part October 2, 2004 at the sight of the program. At this time demographic information on the sampled participants was gathered which took approximately three hours. Data was collected from the applications of those who were program participants from December of 2002 to December of 2003. Participants enrolled in the program from December of 2002 to December of 2003 with mental illnesses will make up the sample for this study. Data collection took place at the site of the program. Data collection did not take place in the presence of any of the past or present group participants. During data collection only program staff members were allowed to be present. Prior to examination of the applications this researcher viewed an orientation video for the program, set in on a volunteer (mentor) training session, and conducted a brief open interview with the executive director to better understand the dynamics of the program. On December 30, 2004, the researcher received the final follow-up results via fax from the program director to determine the effectiveness of the program on the sampled participants. The data collection process was conducted solely by this researcher. Data was collected using a list of evaluation questions formed through collaboration with program staff members and a review of the youth application.

### Statistical Analysis

This evaluation examined the efficacy of reducing and preventing delinquent behavior among mentally ill adolescents in a mentoring program by comparing the amount and severity of deviant act committed prior to and after program intervention.

The independent variable was measured at the nominal level and the dependent variable was measured at the interval level. Data were analyzed using the SPSS (Statistical Package for the Social Sciences) 11.0 program software. This program was used for descriptive analysis and frequencies, which were presented as percentages to provide a clearer view of the results.

### Summary

This chapter discusses this evaluations setting, sample, measures, design, procedures, and statistical analysis taken to develop findings, which will be discussed in the upcoming chapter.

## CHAPTER FOUR

### PRESENTATION OF FINDINGS

This chapter discusses the findings of this evaluation. It presents demographic information of the participants, provides the results to evaluation questions, provides information gathered during the six-month follow-up that was not asked as part of the evaluation questions, and interrupts the findings through tables and charts.

#### Demographics

This evaluation included 17 participants referred by the Inner Harbor residential therapeutic agency to the Yes! Atlanta Rising Star mentoring program. Only 1 youth participant with a mental health issue not referred by Inner Harbor was included in this evaluation. This population consisted of 88% (15) males, and 12% (2) females. Of the 17 participants, 47% (8) were Caucasian, 47% (8) were African American, and 6% (1) were Philippino. At the time of enrollment in the program, the average age of the participants was age 16. Also at the time of enrollment all participants were on probation. This researcher also examined the academic standing of the participants before and after intervention. Prior to the intervention 65% (6) were enrolled in some form of academic program such as school or adult education and 35% were not. After the intervention only 12% (2) of the participants were not enrolled in some form of

academic program, 88% (15) were. Seventy-six percent of the participants had improved on the academics from pre to post intervention, and only 23% (4) had not (see Table 1).

Table 1. Yes! Atlanta Rising Star Program Demographics for Session December 2002 through 2003.

<b>Variables</b>	<b>N</b>	<b>Percentage %</b>
Gender		
Male	15	88%
Female	2	12%
Ethnic Background		
African American	8	47%
Caucasian	8	47%
Phillipino	1	6%
Age		
17	3	18%
16	10	59%
15	2	12%
14	2	12%
Probation Upon Enrollment		
No	0	0%
Yes	17	100%
Academic Enrollment Before		
No	6	35%
Yes	11	65%
Academic Improvement		
No	4	23%
Yes	13	76%

### Participants Delinquency Prior to Program Intervention

When examining the delinquency of participants this evaluation compared participants' delinquency before intervention to their delinquency after intervention. This evaluation defined less severe crimes to include: truancy, larceny, school drop out, and unruly behavior. More severe delinquent offenses will include: violence, moving violations and theft, weapon possession, and drug related charges. Forty-one percent of the program participants committed less severe crimes, and 59% of the participants had committed more severe crimes prior the intervention. Of those crimes committed prior to the intervention, 23% were drop-outs/runaways, 23% had moving violations with theft, 18% committed some form of violence, 12% committed larceny, 12% were charged with weapons possession, 6% of the crimes were drug related, and 6% of the offenses were from unruly behavior. Surprisingly none of the participants had truancy as their most recent offense (See Figure 2).

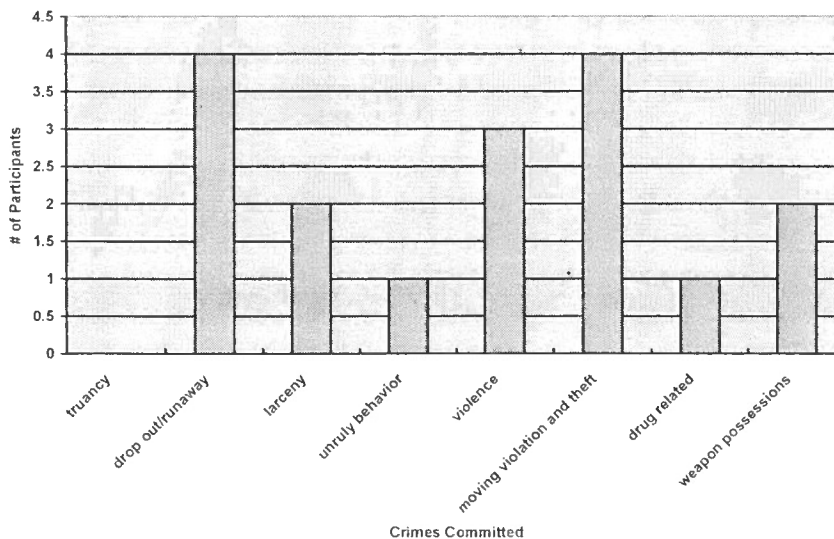
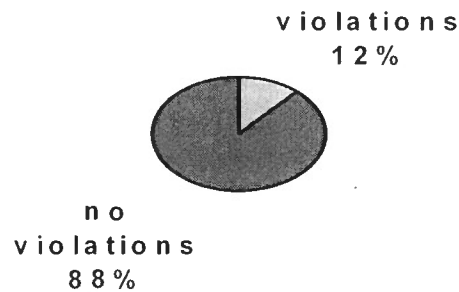


Figure 2. Most recent crimes committed by participants at the time of enrollment.

### Participants Delinquency Six Months after Program Intervention

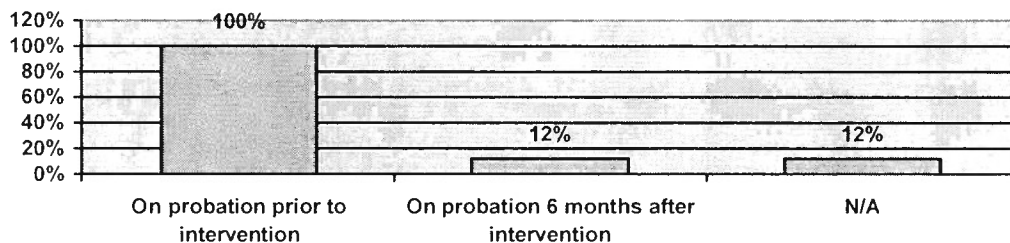
When examining the files for this evaluation, this researcher was able to obtain information about the delinquent history of each sampled participant but there was no specific information given on the type of deviant acts the participants were involved upon the six month follow-up. The file simply stated whether the participants had been involved in any violations at the time of the follow-up. This made it impossible to compare the severity of the offenses prior to and after the intervention. At the six-month follow-up 88% (15) participants had committed no violations since the program intervention, and 12% (2) had committed violations (See Figure 3).



*Figure 3.* Participant's violations at six-month follow-up.



Since all of the participants were on probation at the time of enrollment this researcher examined whether or not the participants had been released from their probation at the six month follow-up, 76% (13) had been released , 12% (2) had not, and 12% (2) of the participants files did not provide this information (See Figure 4). Only one of the sampled participants failed to complete the program due to unruly behavior.



*Figure 4.* Had participants been released from probation at the six month follow-up?

### Summary

This chapter presented the findings for this evaluation using descriptive analysis and frequencies to provide a clearer view of the results. Based on the findings of this evaluation, 88% of program participants with mental health issues had not had any violations at the six-month follow-up proving the program to be very effective in reducing delinquency among juveniles with mental illnesses. The next chapter will discuss the findings presented and limitation of this evaluation.

## CHAPTER FIVE

### CONCLUSION

The objective of this study is to further the knowledge of effective interventions when dealing with juvenile delinquents with mental health issues. The literature review for this study suggested that most types of primary prevention programs (environmental-centered, transition, and person-centered) achieved significant positive outcomes both reducing problem behavior and increasing competencies (Durlak and Wells, 1997). A mentoring program would be a form of a person-centered program. Of the 17 participants selected for this evaluation, only 12% (2) committed offense violation during a six months period after the completion of the program.

This finding supported the previous literature, which suggested mentoring to be the most effective form of intervention in reducing delinquency. Participants improved academically six months after the program, 88% were enrolled in academic programs such as school or adult education programs at the follow-up, and 76% had improved their academics. At the time of program enrollment all participants were on probation, at the follow-up only 12% (2) were still on probation.

Researcher had suggested that it would be very difficult for any intervention program to determine the effectiveness of their program if the program did not include a long-term follow-up (Durlak and Wells (1997). Researchers also suggested that those

programs that collected follow-up data as a part of their program rarely had a follow-up period longer than a year. The program used for this evaluation had a follow-up period of six months. According to Durlak and Wells (1997) the length of the follow-up period is much too short to determine whether the program was effective in reducing and/or preventing delinquent behavior.

Based on the literature review for this evaluation, delinquency and academic orientation were found to have the strongest association (Windle and Mason, 2004). Based on the latest violations of the participants during the time of program enrollment, none of the participants were truant though there were 35% (6) who were not enrolled in an academic program. This evaluation did not support the literature, which suggested a strong association between delinquency and academic orientation.

#### Limitations of the Study

The major limitation to this study was in regard to the information obtained from the follow-up report structured by the program to determine the program's effectiveness. The follow-up data did not contain any specific information about the delinquent activities of the participants after the completion of the program. The follow-up information gathered by the program director did not provide any specific information on the types of crimes committed by those who had committed offense violations at the six-month follow-up. Had this information been provided, the researcher would have been able to determine whether the crimes committed before the intervention were less or more severe than those committed by participants six months after the intervention. This information could have given the research an opportunity to

determine the effectiveness of the program not only by reporting the high percentage of participants who had not committed violations post-intervention, but by also comparing the severity of the violations committed by those who had committed violations prior to and after the intervention. This information could have been obtained by simply interviewing the participants' probation officers.

A second limitation to this study was in regard to the mental health of the participants. None of the files at the site provided information on the specific diagnosis of the participants. The researcher was interested in examining the diagnoses of the participants to determine the most common diagnosis among the participants. This information could have been obtained from the Inner Harbor residential therapeutic agency, however, the HIPPA policy may have permitted the researcher from obtaining this medical information.

A third limitation to this study was in regard to the mismanagement of records. The program did not have the files stored in an organized manner. Only 17 of the 20 youth who were referred by the Inner Harbor to participate in the mentoring program beginning in December of 2002 and ending in December of 2003 were used for this study. The researcher was assured by the program executive director at the time of the initial data gathering that there were only 17 youth who participated in the program beginning in December of 2002 and ending in December of 2003 who were referred by Inner Harbor. When the researcher finally received the follow-up information on the participants there were 20 participants. This may or may not have altered the findings of this study.

The findings of this study failed to support the conceptual framework used as a theory to explain this study's hypothesis. In order to measure the effectiveness of observational learning in reducing and/or preventing delinquency among mentally ill adolescence the researcher would have had to the delinquent youth imitating non-delinquent behaviors observed in their mentoring relationships. Unfortunately, the researcher was unable to directly observe behaviors exhibited by the mentors to determine whether the juveniles would imitate the observed behaviors. This was also a limitation to this study. Because the researcher was unable to observe the mentoring relationship or interview program participants, evaluation questions were not constructed based on the discussed theory chosen for this study.

### Summary

Overall, the findings revealed that mentoring is an effective form of intervention to reduce and prevent delinquency among juveniles with mental health issues. The next chapter will discuss the implications these findings have on the social work profession.

## CHAPTER SIX

### IMPLICATIONS FOR SOCIAL WORK PRACTICE

The purpose of this study was to determine the efficacy of reducing and/or preventing delinquent behavior among adolescents with mental illnesses. In order to effectively achieve social change; practitioners should have research knowledge on every group represented in the population they serve. As stated previously, mental illness has been found by many researchers to be the most common factor associated to juvenile delinquency; however, few studies have been conducted to examine the relationship between the mental health system and juvenile justice system or effective forms of intervention for this population. Research into the intersection on these two systems is needed to provide preventive program directors and preventive program implementers with the knowledge needed to provide empirical evidence related to effective delinquency prevention and/or reduction programs for delinquent youth no matter their mental health conditions. For social workers, seeking to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems is essential to strengthening the field of social work (National Association of Social Workers, 1996).

Future research needs to be done to determine the effectiveness of prevention and/or reduction programs among adolescence no matter their mental health conditions

by comparing the outcomes of adolescence with mental health conditions with the outcomes of adolescence without any mental health conditions. Practitioners need to be aware of the components that prove to be effective in preventing and/or reducing delinquency among adolescence with and without mental health conditions. This discovery may reveal to program directors that each group requires different components in order to effectively eliminate and/or decrease delinquency. This may result in preventive programs using two set of activities for mentally ill youth and youth without mental illnesses in order to assure program effectiveness for their entire population.

## APPENDIX A

### INFORMED CONSENT AND RELEASE FORM

Before we begin, please take a moment to read the following and sign if you agree to participate in this research study.

**Purpose of Research:** You have been asked to participate in this research study. The purpose of this study is to evaluate the effectiveness of a mentoring program with goals of reducing delinquent behaviors in juveniles with mental illnesses. This study will analyze and evaluate the effectiveness of the program on deviance.

**Procedures and Duration:** You understand the following things that will be asked of you. If you agree to participate in this study, you will also be asked to allow the researcher access to personal files of your program participants. You will be asked questions regarding the files providing that the information is not included in the files. The information that I receive from the files will not be associated with names; therefore, the information received by the researcher will be kept confidential. Being in this study is a one-time event, unless you agree to be contacted again in the case of the researcher having more questions.

**Risk and Discomforts:** If there are any questions that are being asked about the files, due to lack of information provided, that are emotionally upsetting you have the right to not respond.



**Benefits:** Being a part of this study will not directly benefit you, and you will not be financially compensated for your participation.

**Confidentiality of Records:** All information gathered for this study will be kept confidential and private. Your name, the names of your staff members, and the names of the program participants will not appear within the research. There will be no way that the information gathered by the researcher will be connected to you, your staff members, and the program participants.

**Voluntary Participation:** Being in this study is voluntary and you can withdraw at any time. You can also refuse to answer a particular question, and/or questions, yet still participate in the study. Your participation (or decision not to participate) is completely up to you.

#### PARTICIPANTS CONSENT

- 1 I have carefully read this consent and release form
- 2 I give consent to participate voluntarily in this study

---

Participant's Signature

Date

---

Researcher's Signature

Date

## APPENDIX B

### MEASURE INSTRUMENT

**1. What is the age of the program participant?**

☐ 6-8    ☐ 9-11    ☐ 12-14    ☐ 15-17

**2. What is the gender of the program participant?**

☐ Female    ☐ Male

**3. What is the racial/ethnic background of the juvenile?**

☐ African American    ☐ Caucasian    ☐ Hispanic    ☐ Native American    ☐ Other

**4. What is the type of deviant act committed by the juvenile prior to intervention?**

☐ Truancy    ☐ Drug related charges    ☐ Larceny    ☐ Moving violation    ☐ Unruly behavior    ☐ Violence    ☐ Sexual offenses    ☐ other \_\_\_\_\_

**5. What is the mental health diagnosis of the juvenile?**

☐ Attention Deficit Disorder    ☐ Conduct Disorder    ☐ Adjustment Disorder  
☐ Child Antisocial Behavior    ☐ Depressive Disorder    ☐ Developmental Disorder  
☐ Learning Disorders    ☐ Oppositional Defiant Disorder    ☐ Other \_\_\_\_\_

**6. Did the participant have any academic improvement upon follow-up? If so, what kind of improvement?**

☐ Yes   ☐ No

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**7. Has the child committed any recorded deviant acts after the completion of the intervention?**

☐ Yes   ☐ No

**8. What is the level of severity of deviant acts committed prior program intervention? Less severe delinquent offenses will include: truancy, drop-out/runaway, larceny, and unruly behavior. More severe delinquent offenses will include: violence, moving violations with larceny, drug related charges, and weapons possession.**

A. Less severe   B. More severe

**9. If the child has engaged in delinquent acts after the completion of the intervention, was the severity of the act greater or lesser than the initial act committed upon program enrollment? Less severe delinquent offenses will include: truancy, drop-out/runaway, larceny, and unruly behavior. More severe delinquent offenses will include: violence, moving violations with larceny, drug related charges, and weapons possession.**

A. Less severe   B. More severe

## APPENDIX C

### ITEM-LEVEL DATA

Variable	Mean	Standard Deviation
4. Latest of deviant act committed by the juvenile prior to intervention?		
Truancy	.00	.00
Dropout/Runaway	.24	.437
Larceny	.12	.332
Unruly Behavior	.06	.243
Violence	.18	.393
Moving Violation with Theft	.24	.437
Drug Related	.06	.243
Weapons Possessions	.12	.332
6. Did the participant have any academic improvement upon follow-up?	.76	.437
School enrollment prior to intervention	.65	.493
School enrollment after intervention	.88	.332
Academic grades improvement	.76	.437
7. Has the child committed any recorded deviant acts after the completion of the intervention?	.12	.332
8. What is the level of severity of deviant acts committed prior program intervention?		
Less severe delinquent offenses will include: truancy, drop-out/runaway, larceny, and unruly behavior	.41	.507
More severe delinquent offenses will include: violence, moving violations with theft, drug related charges, and weapons possession.	.59	.507

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